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| PETITION | FOR EXTENSION OF TIME UNDER 37 | Docket Number (Optional) | | |
|---|--|---|---|---|
| (Fees | FY 2005 pursuant to the Consolidated Appropriations Act, 20 | 112843-043 | | |
| Application Number 10/088,766 | | | Filed June 20, 2002 | |
| For COMPO | SITION COMPRISING CASEIN PROTEIN | AND WHEY PROTE | IN | |
| Art Unit 1 | 645 | | Examiner Jana A. H | lines |
| This is a req application. | uest under the provisions of 37 CFR 1.136(a | a) to extend the perio | d for filing a reply in the | above identified |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | |
| | | <u>Fee</u> | Small Entity Fee | 120.00 |
| X | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ |
| | Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | s |
| | Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | s |
| | Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| | Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. | | | | |
| A check in the amount of the fee is enclosed. | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-1818 . I have enclosed a duplicate copy of this sheet. | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | |
| I am the applicant/inventor. | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | | |
| x attorney or agent of record. Registration Number | | | | |
| attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | | | |
| | | | May 23, 20 | 106 |
| | Signature | | Di | ate |
| Robert M. Barrett | | | 312 807-4204 | |
| Typed or printed name | | | Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | |
| Total of forms are submitted. | | | | |
| his collection of i SPTO to proces | information is required by 37 CFR 1.136(a). The informat is an application. Confidentiality is governed by 35 U.S. | ion is required to obtain or C. 122 and 37 CFR 1.11 ar | retain a benefit by the public w nd 1.14. This collection is estim | hich is to file (and by the lated to take 6 minutes to |

complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will say depending upon the individual case. Any comments not the amount of time you require to complete this form and/or suggestions for reducing this butter, should be sent to the Chief Information Officer. U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandris, VA 2231-31450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandris, VA 2231-31450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandris, VA 2231-31450.